



SB701, The End of Life Option Act is priority legislation for WISE. We strongly encourage the Maryland General Assembly to vote yes for this compassionate option that allows terminally ill, mentally capable, adults with six months or less to live the option to receive a prescription for self-ingested medication for a peaceful death.

WISE provides a platform for women of diverse views to come together and promote values and rights that foster inclusivity, fairness, and safety in our communities. We vow to turn our collective energy into action and advocate indivisibly on a range of issues, particularly at the local level. We demand representation consistent with our mission from our politicians and commit ourselves to modeling the values of inclusion, tolerance, and fairness that we seek as we support each other to make our voices heard and influence our nation's narrative.

Since WISE's formation in January of 2017, we have grown to be an organization representing more than 800 members. **Our membership is bipartisan, politically active and paying attention.** Women and girls in Maryland are 51.6% of the population, according to the Maryland Commission of Women. As our platform states, we are committed to making our local communities inclusive, fair, and safe places for all – and we look to our elected officials to uphold those ideals with each vote they make. And of course, like the wise owl in our logo, **we are always watching.**

For the 2020 Maryland General Assembly, WISE Huddles identified priority legislation we are advocating for, and by working with relevant partners, we aim to get targeted pieces of new legislation passed or existing legislation/policies implemented. You can view WISE's priority legislation at <https://marylandwisewomen.com/2020-legislative-priorities/> (page 2 for SB 701).

SB 701, The End of Life Option Act is a priority piece of legislation for WISE, and we are working closely with other coalition members in support to authorize medical aid in dying in Maryland. *We strongly encourage the Maryland General Assembly to vote for this compassionate option that allows terminally ill, mentally capable, adults with six months or less to live the option to receive a prescription for self-ingested medication for a peaceful death.*

We additionally request opponents to cease referring to this legislation as assisted suicide. Patients who are considering medical aid in dying find the suggestion deeply offensive and inaccurate. ***The American Association on Suicidology (AAS), the national suicide policy and prevention organization, affirmed this distinction by stating “that the practice of physician aid in dying is distinct from the behavior that has been traditionally and ordinarily described as ‘suicide,’ the tragic event our organization works so hard to prevent.”*** The AAS mission “is to promote the understanding and prevention of suicide and support those who have been affected by it”. AAS lists their vision statement as “an inclusive community that envisions a world where people know how to prevent suicide and find hope and healing.” In November 2017 the AAS released a statement addressing the subject of medical aid in dying with this conclusion.

“In general, suicide and physician aid in dying are conceptually, medically, and legally different phenomena, with an undetermined amount of overlap between these two categories. The American Association of Suicidology is dedicated to preventing suicide, but this has no bearing on the reflective, anticipated death a physician may legally help a dying patient facilitate, whether called physician-assisted suicide, Death with Dignity, physician assisted dying, or medical aid in dying. In fact, we believe that the term “physician-assisted suicide” in itself constitutes a critical reason why these distinct death categories are so often conflated, and should be deleted from use. Such deaths should not be considered to be cases of suicide and are therefore a matter outside the central focus of the AAS. ’

The End of Life Option does not contribute to the phenomena suicide contagion. The median age of patients seeking this option is 74 years old, of which 90% are already undergoing hospice treatments, the overwhelming majority has health insurance and most patients seeking this option have cancer. They are competent prepared patients who want control over the manner of their death. The death certificate lists the terminal illness as the causation of death. To further understand the distinction there is a webinar class given by the American Association of Suicidology on their website addressing long-standing tensions between suicide prevention and medical aid in dying, this webinar explores the background for and content of the American Association of Suicidology’s recent Statement, ***“Suicide is not the same as Physician Aid in Dying.”*** At the end of the webinar AAS states participants will be able to identify factors contributing to increased awareness of aid in dying in jurisdictions across the developed world as well as differentiate suicide and physician aid in dying, and much more. <https://www.suicidology.community/store/ViewProduct.aspx?id=13894092>

In contrast, most suicides occur in the context of serious psychiatric illness. Yet patients who express suicidal ideation in the context of a condition such as major depression rarely want to die. They want their emotional pain to go away. We question those that would use the term suicide when describing this legislation and equate it to a preventable form of death that is a major health issue. Suicide is the second leading cause of death in teens and

young adults and they need to know that there are resources available to help them such as the National Suicide Prevention Lifeline at 1-800- 273-8255.

Quality hospice care and palliative care have improved the end-of-life experience of thousands of patients, and advances in end-of-life care continue. But not all suffering can be managed in this way. Suffering is defined by the patient, not the doctor. The End of Life Option Act is only one option for care for those suffering from a terminal diagnosis of less than 6 months left to live. It can provide courage and hope allowing them to live fully to the end of their days while not fearing their death but rather passing peacefully when death is imminent. The decision to utilize this prescription is the same decision as refusing to continue medical care or interventions, refusing to eat or drink, refusing to continue life sustaining medications or agreeing to begin palliative care as one traverses their journey towards their death. None of these choices are the cause of the patient's death. These choices are all being discussed because their death is upon them. The End of Life Option is not suicide.

In supporting the Maryland End of Life Option Act, WISE hopes that Maryland is the next state to join eight states and the District of Columbia in authorizing medical aid in dying. WISE Women Maryland, urges a yes vote for of SB 701.